



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="12700.92"/>	<input type="text" value="12700.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7516.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4097.82"/>	<input type="text" value="15913.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="11613.97"/>	<input type="text" value="28614.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6512.00"/>	<input type="text" value="23512.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5101.97"/>	<input type="text" value="5101.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3781.24	9106.72
(ii) Unitemized .....	316.58	6806.36
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4097.82	15913.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4097.82	15913.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4097.82	15913.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4097.82	15913.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	23500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	12.00	12.03
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6512.00	23512.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6512.00	23512.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4097.82	15913.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4097.82	15913.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Chris Duhon**

Mailing Address 10429 Rue de Duhon

City Abbeville	State LA	Zip Code 70510
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation RN
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18074**

Amount of Each Receipt this Period  
30.00

Memo Item  
Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Ronda Dupree**

Mailing Address 130 Hwy 132

City Delhi	State LA	Zip Code 71232
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation State Operation Director
-------------------------------	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18075**

Amount of Each Receipt this Period  
30.00

Memo Item  
Payroll Deduction (\$30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. Lessley Fontenot**

Mailing Address 2303 sandalwood Drive

City Lafayette	State LA	Zip Code 70570
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FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group	Occupation Area Sales Manager
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18071**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction (\$25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Jules Galiouras</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11Al.18064</b>
Mailing Address 804 Woodmont Dr.		Amount of Each Receipt this Period 20.00
City Convington	State LA	Zip Code 70433
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer LHC Group	Occupation DVP	Payroll Deduction (\$20 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Gray</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11Al.18076</b>
Mailing Address 1528 Greenwich Circle		Amount of Each Receipt this Period 30.00
City Birmingham,	State AL	Zip Code 35226
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer LHC Group	Occupation State Operation Director	Payroll Deduction (\$30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Hollier</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11Al.18079</b>
Mailing Address P.O. Box 95		Amount of Each Receipt this Period 40.00
City Opleousas	State LA	Zip Code 70571
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Louisiana Health Care Group, I	Occupation Legal Compliance	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Melanie Kuehn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4205 Persimmon Way  
 City Lake Charles State LA Zip Code 70518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation DVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : SA11AI.18083**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

**B. Amy Laing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 Dogwood Springs Lane  
 City Mena State AR Zip Code 71953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation State Market Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : SA11AI.18080**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction (\$40 Bi-Weekly)

**C. Errol Leblanc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5908 John Boudreaux Road,  
 City Abbeville State LA Zip Code 70510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation PT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : SA11AI.18065**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial) <b>A. Richard MacMillian</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11AI.18085</b>
Mailing Address 324 Deer Park Trial		Amount of Each Receipt this Period 190.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer LHC Group	Occupation Legal Counsel	Payroll Deduction (\$190 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2280.00	

Full Name (Last, First, Middle Initial) <b>B. Brach Myers</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11AI.18081</b>
Mailing Address 201 Worth Ave.		Amount of Each Receipt this Period 40.00
City Lafayette	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer LHC Group	Occupation Vice President of Strategic Partnershi	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Keith Myers</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 <b>Transaction ID : SA11AI.18082</b>
Mailing Address 211 Morning Mist		Amount of Each Receipt this Period 40.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer The LHC Group	Occupation President/CEO	Payroll Deduction (\$40 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. Sarah Myers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 242 Murtha Street  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Lobbyist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 3000.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : SA11AI.18021**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 Donation

**B. Ted Pappas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 Hwy 758  
 City Eunice State LA Zip Code 70535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation PT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 230.88

Date of Receipt 06 / 03 / 2016  
**Transaction ID : SA11AI.18063**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 Payroll Deduction (\$19.24 Bi-Weekly)

**C. Melisa Rittenberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3341 Quail Run Ct  
 City Nashville State TN Zip Code 37214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LHC Group Occupation Regional Operations Directory  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 240.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : SA11AI.18066**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3039.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)  
**A. Albert Simien**

Mailing Address 111 Shadowbrook Lane

City State Zip Code  
Youngsville LA 70592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LGC Group Director of Purchasing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2016  
**Transaction ID : SA11Al.18077**

Amount of Each Receipt this Period  
38.50

Memo Item  
Payroll Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. Tami Stout**

Mailing Address 1113 Fawn Run

City State Zip Code  
Somerset, KY 92501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LHC Group State Market Development Dir.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2016  
**Transaction ID : SA11Al.18067**

Amount of Each Receipt this Period  
20.00

Memo Item  
Payroll Deduction (\$20 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**c. Harold Taylor**

Mailing Address 252 Purple Dawn Drive

City State Zip Code  
Sunset LA 70584

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
La. Home Care Group, Inc. Director of Purchasing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2016  
**Transaction ID : SA11Al.18078**

Amount of Each Receipt this Period  
38.50

Memo Item  
Payroll Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

**A. James Tobey**  
Full Name (Last, First, Middle Initial)

Mailing Address 465 Leo Avenue

City Shreveport      State LA      Zip Code 71105

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group      Occupation Director of Sales and Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18084**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll Deduction (\$50 Bi-Weekly)

**B. Cynthia Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 367 Adams Circle

City Crawfordsville      State AR      Zip Code 72327

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Groups      Occupation Hospice Regional Operations Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18068**

Amount of Each Receipt this Period  
 20.00

Memo Item  
 Payroll Deduction (\$20 Bi-Weekly)

**C. Christa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1549 Camelot Dr,

City Henderson      State KY      Zip Code 42420

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group      Occupation RN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2016  
**Transaction ID : SA11AI.18069**

Amount of Each Receipt this Period  
 20.00

Memo Item  
 Payroll Deduction (\$20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3781.24</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT ANGELLE, LLC**

Mailing Address P.O. BOX 1385

City State Zip Code  
BREAUX BRIDGE LA 70517

Purpose of Disbursement  
Donation

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: LA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2016

Transaction ID : SB23.18006

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. IMPACT SENATE 2016**

Mailing Address 918 PENNSYLVANIA AVE SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
Donation

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB23.18008

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KATIE MCGINTY FOR SENATE**

Mailing Address PO BOX 22447

City State Zip Code  
PHILADELPHIA PA 19110

Purpose of Disbursement  
Donation - IMPACT Senate 2016

011

Category/  
Type

Candidate Name

**KATHLEEN ALANA MCGINTY**

Office Sought:  House  
 Senate  
 President  
State: PA District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : SB23.18010

Amount of Each Disbursement this Period

1666.67

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

**A. MAGGIE FOR NH**

Mailing Address PO BOX 298

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
Donation - IMPACT Senate 2016

011

Candidate Name  
**MARGARET WOOD HASSAN**

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

Transaction ID : SB23.18013

Amount of Each Disbursement this Period

1	6	6	6	7
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Memo Item

Full Name (Last, First, Middle Initial)

**B. STRICKLAND FOR SENATE**

Mailing Address PO BOX 2196

City State Zip Code  
COLUMBUS OH 43216

Purpose of Disbursement  
Donation - IMPACT Senate 2016

011

Candidate Name  
**TED STRICKLAND**

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: OH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

Transaction ID : SB23.18016

Amount of Each Disbursement this Period

1	6	6	6	7
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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0	0
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6	5	0	0	0
---	---	---	---	---